

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097202464

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2	/				/	
3		21				
4		12				
5		1				1
6		1				
7		1				1
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TOTAL IND.	2				4	
TOTAL DEP.		21				21
TOTAL CLAIMS	2				4	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						